

City of San Antonio
Multi-Family Recycling
Property Plan for Property Owners and Managers



THIS FORM IS MY	<input type="checkbox"/> First Submittal	<input type="checkbox"/> Final Confirmation after City Approval	<input type="checkbox"/> Revised Form
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Section 1: Property Information

PROPERTY NAME					
STREET ADDRESS					
CITY		STATE		ZIP CODE	
NUMBER OF DWELLING UNITS		GATED COMMUNITY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Section 2: Property Owner/Manager Information

OWNER TYPE	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Other _____
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OWNER NAME		TITLE			
PHONE NUMBER		EMAIL			
ALTERNATE PHONE NUMBER					
PHYSICAL ADDRESS		STATE		ZIP	

MANAGEMENT COMPANY NAME					
LOCAL MANAGEMENT CONTACT		TITLE			
MGMT. CONTACT PHONE NUMBER		EMAIL			
ALTERNATE PHONE NUMBER					
LOCAL MGMT. MAILING ADDRESS		STATE		ZIP	

Section 3: Current Waste Hauler Information

<input type="checkbox"/>	This property has a blue and brown cart service provided by the City of San Antonio. <i>If this option is selected, you are done with this form. Please sign Section 7 and send to the Solid Waste Management Department.</i>
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CURRENT WASTE HAULER COMPANY NAME			
DO YOU OFFER VALET SERVICE	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
IF YES, WHO DOES THE DOOR-TO-DOOR COLLECTION	<input type="checkbox"/> MAINTENANCE STAFF	<input type="checkbox"/> PRIVATE COMPANY	
IF PRIVATE, ENTER PRIVATE COMPANY NAME			

Section 4: Current Garbage and Proposed Recycling Containers

Indicate the number of containers currently used for the collection of garbage and indicate the proposed number of recycling containers. If you are not sure how to complete this section, check with your waste hauler before submitting.

Current Garbage		
Type of Container	# of Containers	Frequency of Collection
2 cu. yd. dumpster		
4 cu. yd. dumpster		
6 cu. yd. dumpster		
8 cu. yd. dumpster		
32 - 96 gallon cart		
300 gallon cart		
Roll-off container		
Compactor		
Trash chute/high rise		
Other		
Other		

Proposed Recycling		
Type of Container	# of Containers	Frequency of Collection
2 cu. yd. dumpster		
4 cu. yd. dumpster		
6 cu. yd. dumpster		
8 cu. yd. dumpster		
96 gallon cart		
300 gallon cart		
Roll-off container		
Compactor		
Other		
Other		
Other		

Section 5: Proposed Recycling Service

Provide information on your proposed recycling service. This is not binding and can be changed at any time by submitting a new form.

<input type="checkbox"/>	I plan to use the waste hauler noted in Section 3 for recycling collection service.
<input type="checkbox"/>	I plan to use a different company (not company from Section 3) for recycling collection service. Note: <i>Recycling hauler must be registered with the City of San Antonio or your plan will not be in compliance.</i> RECYCLING COLLECTOR: _____
<input type="checkbox"/>	I am getting quotes from different recycling service providers.
<input type="checkbox"/>	I plan to self-haul the materials and will take them to the recycling facility listed below: RECYCLING FACILITY NAME: _____

Section 6: Additional Documentation

Make sure to include with your registration form a copy of your property site map showing your current garbage locations. Maps can be hand drawn. Your registration form will not be complete without a copy of your property site map.

Property Site Plan	<input type="checkbox"/> Is attached and included with my registration form
	<input type="checkbox"/> Will be emailed separately
	<input type="checkbox"/> Will be postal mail

**Please do not fax site plans*

Section 7: Signature and Submittal

This form was completed by

NAME (PLEASE PRINT)	
DATE	
SIGNATURE	

Section 8: To be filled Out by City Staff Only

Inspector _____ conducted a site visit on _____.
(Inspector Name) *(Date)*

The information listed in section 4 is	<input type="checkbox"/> Approved	If approved, the multi-family property owner/manager must complete section 9 and check the “Final Confirmation after City Approval” box on page one.
	<input type="checkbox"/> Not Approved	If not approved, the multi-family property owner/manager must resubmit the form with a new plan within 30 days.

Inspector Comments

(Inspector Signature)

Section 9: Final Recycling Plan

The multi-family property’s owner or manager should fill out this section after a Solid Waste Management Department inspector has approved the Plan in Section 8.

We will be establishing the service described in Section 4 with _____.
(Recycling Collector Company Name)

Containers will be delivered on _____.
(Date)

Collection for recycling containers will begin on _____.
(Date)

Our recycling contract will expire on _____.
(Date)

We plan to make some physical modifications to the property (i.e., build a new enclosure or concrete pad) ☐ Yes ☐ No

If yes, the approximate cost for the modifications is _____.
(Estimated Cost)

This form completed by

NAME (PLEASE PRINT)	
DATE	
SIGNATURE	

Submit by postal mail or e-mail to:
Solid Waste Management Department
Attn: Resource Recovery
4410 W. Piedras Dr.
San Antonio, TX 78228
Phone: (210) 207 - 6410
multifamilyrecycling@sanantonio.gov